Non Tuberculous Mycobacterial (NTM) Infection Questionnaire
Australian Paediatric Surveillance Unit
Please ring Dr Pamela Palasanthiran on (02) 9382 1508 or Dr Christopher Blyth on (02) 9926 8478 if you wish to discuss this questionnaire.

REPORTING CLINICIAN

1. APSU Dr Code/Name ☐☐☐☐ /……. 2. Month/Year of Report …..… /……
3. Date questionnaire completed ☐☐ /☐☐/☐☐

PATIENT

4. First 2 letters of first name ☐☐ 5. First 2 letters of surname ☐☐
6. Date of Birth ☐☐ /☐☐/☐☐ 7. Sex ☐M ☐F
8. Post code ☐☐☐☐ 9. Date of diagnosis: ☐☐/☐☐ year
10. Country of Birth: Australia ☐ Other ☐ specify …… ☐ Don't know
11. Mother's country of birth Australia ☐ Other ☐ specify …… ☐ Don't know
12. Father's country of birth Australia ☐ Other ☐ specify …… ☐ Don't know
13. Is the child of Aboriginal or Torres Strait Islander origin? ☐ Yes ☐ No ☐ Don't know

If this patient is primarily cared for by another physician whom you believe will report the case, please write the other physician's name and complete questionnaire details above this line and return. If no other report is received for this child we will contact you for further information. Please keep the patient's name and other details on your APSU file.
The primary clinician caring for this child is: ***Name*** ***Hospital:***

Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided. DK= Don't Know, NA = Not applicable

Symptoms/signs at presentation

14. a. Lymphadenopathy Yes ☐ No ☐ DK ☐ b. Anorexia Yes ☐ No ☐ DK ☐
c. Cough Yes ☐ No ☐ DK ☐ d. Weight loss Yes ☐ No ☐ DK ☐
e. Fevers Yes ☐ No ☐ DK ☐ f. Night sweats Yes ☐ No ☐ DK ☐
g. skin abnormalities Yes ☐ No ☐ DK ☐ h. joint/bone pain Yes ☐ No ☐ DK ☐
i. ear disease Yes ☐ No ☐ DK ☐ j. Other (specify)……

Site of NTM Infection (please tick all that apply)

15. a. Lymph nodes ☐ *circle site:* Submandibular / Submental / Preauricular / Axilla / Inguinal / Mediastinal /Other (please specify) ……
b. Pulmonary ☐ *circle site*: Bronchial / Parenchymal/ Other(specify)……/Unknown
c. Skin/ soft tissue ☐ **please specify site(s)*.....
d. Ear ☐ **please specify site(s)*.....
e. Skeletal ☐ **please specify site(s)*.....
f. Disseminated infection[1] ☐ *please specify site(s)*.....
g. Don't Know ☐

Method of Diagnosis

16. a. Was skin testing performed? Yes ☐ No ☐ DK ☐
b. Results of skin testing using MTB purified protein derivative(PPD): positive ☐ negative ☐ DK ☐ Not done ☐
c. Results of skin testing using using Avian PPD: positive ☐ negative ☐ DK ☐ Not done ☐
17. Previous BCG Yes ☐ No ☐ DK ☐
18. Were sample(s) or biopsy(ies) taken? Yes ☐ No ☐ DK ☐ If YES , give site(s) ……
19 If YES to 18,
a. Were acid fast bacillus seen in any sample? Yes ☐ No ☐ DK ☐ *If YES , give site(s)* ……
b. Was culture performed? Yes ☐ No ☐ DK ☐
c. Mycobacterium tuberculosis PCR performed? positive ☐ negative ☐ DK ☐ Not done ☐
e. NTM PCR performed? positive ☐ negative ☐ DK ☐ Not done ☐
f. Histopathologic features : Granulomatous inflammation ☐ Caseating necrosis ☐ DK ☐ Not done ☐
g. Has the species of Mycobacterium been identified? Yes ☐ *specify* …… No ☐ DK ☐

[1] Defined as NTM isolated from blood, or blood PCR positive for NTM **OR** isolates from two or more non contiguous organ systems OR from bone marrow aspirate.

20. If pulmonary disease was present please complete a, b and c below:

a. Was high resolution chest computerised tomography performed? Yes ☐ No ☐ DK ☐

b. If YES was it abnormal Yes ☐ No ☐ DK ☐ and outline abnormalities……...

c. Please list number of sputum samples positive on culture or AFB smear…….

21. Other relevant diagnostic tests? (*please specify test and results)*.……...

……..……..……..

Management

22.No specific therapy undertaken Yes ☐ No ☐ (go to question 27)

23. Was surgical therapy undertaken? Yes ☐ No ☐ DK ☐

a. Fine needle aspirate only Yes ☐ No ☐ DK ☐

b. Complete excision Yes ☐ No ☐ DK ☐

c. Curettage only Yes ☐ No ☐ DK ☐

d. Complications of therapy ……

24. Was medical therapy undertaken? Yes ☐ No ☐ DK ☐

25. If Medical therapy was used, what was the indication for medical treatment:

a. Failed surgery Yes ☐ No ☐ DK ☐

b. Extensive disease Yes ☐ No ☐ DK ☐

c. Inoperable Yes ☐ No ☐ DK ☐

d. Other Yes ☐ No ☐ DK ☐ *please specify*…….

26. Please specify any Anti-mycobacterial drug(s) prescribed

Anti-mycobacterial antibiotics: ……..……..……..……

Duration of therapy:……...

Predisposing conditions

27. Does the child have any of the following predisposing conditions?

a. Cystic fibrosis Yes ☐ No ☐ DK ☐

b. Other non-CF chronic lung disease (e.g. bronchiectasis, pulmonary fibrosis) Yes ☐ No ☐ DK ☐

c. Human immunodeficiency virus infection Yes ☐ No ☐ DK ☐ *If YES specify CD4 % & count*…...…

d. Other immune deficiency Yes ☐ No ☐ DK ☐

e. On immunosuppressant medication Yes ☐ No ☐ DK ☐ *If YES please state*…….…

28. Was immune function screening done? Yes ☐ No ☐ DK ☐

29. Were immune function studies performed? Yes ☐ No ☐ DK ☐ *If YES* please complete a & b below:

a. Phagocytic function test for chronic granulomatous disease was Normal ☐ Abnormal ☐ DK ☐ Not done ☐

b. Were T-cell subsets performed? Yes ☐ No ☐ DK *If YES specify CD4 % & count*…….…

Laboratory details

30. Please name of the laboratory where the specimen was processed (if known)

Name: ……

Location: ……...

Please return this questionnaire in the addressed reply-paid envelope to Dr Pamela Palasanthiran, Sydney Children's Hospital, High Street, Randwick, 2031

Thank you for your assistance with this study, which has been approved by a Human Ethics Committee. The APSU is a Unit of the Royal Australasian College of Physicians (Division of Paediatrics and Child Health) and is funded by the NHMCR (Enabling Grant No. 40284), the Department of Health and Ageing, and the Faculty of Medicine at the University of Sydney.